

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (MDPH)
TRANSITION PLAN SUMMARY FOR READILY ACHEIVABLE BARRIER REMOVAL**

Agency/Corporate Name* _____ Total number of facilities _____

Worksheet completed by _____ Telephone _____ Date _____

Facility Name	Description of Structural Changes	Cost Estimate	IMPLEMENTATION SCHEDULE			
			Month One	Month Two	Month Three	Month Four Completion
TOTAL COST ----->						

SUMMARY OF TRANSITION PLAN Sign-off: ADA Coordinator _____ Page__of__

*** Note that a Facilities Inventory and a Transition Plan for Readily Achievable Barrier Removal (when applicable) is required for ALL of the MDPH contracted vendor's program sites.**

**MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH (DPH)
TRANSITION AND IMPLEMENTATION PLAN SUMMARY
FOR LONG TERM READILY ACHEIVABLE BARRIER REMOVAL**

Program Site_____

Total number of facilities_____

This form completed by_____ Title_____

Telephone _____ Fax_____ Date_____

A) READILY ACHEIVABLE BARRIER REMOVAL/MODIFICATIONS TO BE COMPLETED AFTER FOUR MONTHS
(use additional sheets if needed)

Facility	Description of Structural Changes	Cost Estimate	Reason for delay in excess of four months	Expected Completion Date

B) NON-READILY ACHEIVABLE BARRIER REMOVAL/MODIFICATIONS SUMMARY (use additional sheets if needed)

Facility	Description of non-readily achievable structural changes	Cost Estimate	Explanation of why barrier removal is not readily achievable	Steps to be taken with policies and procedures to assure program accessibility in lieu of barrier removal

Implementation Plan

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Signoff: Official with budgetary authority: Name: _____ Title: _____

Phone #: _____ Fax #: _____ TTY #: _____

Revised: May, 2002